

LA TEST #7

FORMS REQUIRED: FORM 1040A,SCH 2, FORM 2441, FORM 8812, FORM 8880, FORIT540, SCH E, SCH D

INFORMATION RETURNS ATTACHED:

FORM W-2 (1)1099R (1)ENTRIES NOT REQUIRING FORMS:

FORM 1040A, LINE 18: 250

FORM 1040A, LINE 37: 412 FROM FORM W-2

STATEMENTS:FORM 8914 500

Fosterchild is qualified by award of the last district court of New Orleans.

THIRD PARTY DESIGNEE:NAME: JANE SMITH

PHONE: 123-456-7890

PIN: 34567

PREPARED BY: PAID PREPARER

TAXPAYER:NAME: LATEST U PHROZINTOWES

SSN: 400-00-4310

DOB: 6/12/1969

OCCUPATION: CLERICAL

DISABLED: NO

PRES ELEC FUND: YES

DAYTIME PHONE: NOT GIVEN

BLIND: NO

CHECK DIGITS FROM IRS LABEL: IA

ADDRESS: 1832 NORTH POLE LN

BATON ROUGE, LA 70802

FILING STATUS: HEAD OF HOUSEHOLD

LINE 6d: 4

DEPENDENT INFORMATION:

CHILD TAX

NAME	AGE	SSN	RELATIONSHIP	# MO	CREDIT
JESSICA LEE	15	400-55-3010	DAUGHTER	12	X
TAMMY TY	11	400-55-4010	FOSTERCHILD	12	X
SAMMY PHROZINTOWES	7	400-55-5010	SON	12	X

SCHEDULE EIC:THERE IS NO EIC

	(CHILD 1)	(CHILD 2)
LINE 1:	SAMMY PHROZINTOWES	TAMMY TY
LINE 2:	400-55-5010	400-55-4010
LINE 3:	1999	1995
LINE 5:	SON	FOSTERCHILD
LINE 6:	1212	

DONATIONS

WILDLIFE HABITAT & NATURAL	51
LA CANCER TRUST FUND	52
LA ANIMAL WELFARE COMM	53
LA HOUSING TRUST FUND	54
COMMUNITY BASED PRIMARY HEALTH	55

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NONREFUNDABLE LA CHILD CARE CREDIT CARRIED FORWARD FROM 2005	292
TAXABLE PURCHASES	2385
NONREFUNDABLE CHILD CARE CREDIT	73
CREDIT CARRY FORWARD FROM 2005	2550
ESTIMATED PAYMENTS	675
CONTRIBUTION TO START	85
2007 IT CARRY FORWARD	227
E-MAIL ADDRESSefile@lamis.gov	
LINE 17B	265
MILITARY ASST FUND ADDL DONATION	43

LA TEST #7**FORMS INCLUDED:**

FORM 1040A, FORM W-2 (2)

Form 1040A:

Taxpayer's first name, initial, last name	LATEST U PHROZINTOWES
Taxpayer's social security number	400-00-4310
Home address (number and street)	1832 NORTH POLE LN
City, state, and zip	Baton Rouge, LA 70802
Taxpayer's Presidential Election Campaign Fund	YES
Filing status	HEAD OF HOUSEHOLD
Line 6a: Yourself (exemption)	X
Number of boxes checked on 6a and 6b	1
Line 6c: Dependent #1: Name	JESSICA LEE
Social security number	400-55-3010
Relationship	DAUGHTER
Qualifying child	X
Dependent #2:	
Name	TAMMY TY
Social security number	400-55-4010
Relationship	FOSTERCHILD
Qualifying child	X
Dependent #3:	
Name	SAMMY PHROZINTOWES
Social security number	400-55-5010
Relationship	SON
Qualifying child	X
Number of children who lived with you	2
Dependents on 6c not entered above	1
Line 6d: Total number of exemptions claimed	4
Line 7: Wages, salaries, and tips	21250
Line 12a: Pensions and Annuities	15000
Line 12b: Taxable Amount	12840
Line 15: Total income	34090
Line 18: Student loan interest deduction	250
Line 20: Total adjustments	250
Line 21: Adjusted gross income	33840
Line 22: Enter amount from line 21	33840
Line 24: Standard deduction	7550
Line 25: Subtract line 24 from line 22	26290
Line 26: Multiply \$3300 by the total number of exemptions claimed on line 6d	13700
Line 27: Taxable income	12590
Line 28: Tax	1349

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Line 29: Credit for child and Dependant Care	250
Line 32: Retirement savings contributions credit 8880	150
Line 33: Child Tax Credit	949

Line 34:Total Credits	1349
Line 35:Subtract line 35 from line 28	0
Line 36:Advance earned income credit payments	412
Line 37:Total tax	412
Line 38:Federal income tax withheld	2240
Line 40a:Earned income credit	531
Line 40b:Nontaxable combat pay election	0
Line 41:Additional child tax credit	1493
Line 43:Total payments	4264
Line 44:Overpaid	3852
Line 45a:Amount refunded	3852
Line 45b:Routing number	XXXXXXXXXX
Line 45d:Account number	XXXXXXXXXXXXXXXXXXXX
Third party designee:	YES
Designee's name	JANE SMITH
Designee's phone number	123-456-7890
Designee's personal identification number	(PIN)34567
Taxpayer's occupation:	CLERICAL

Form W-2 #1:

Box b:Employer identification number	38-9391949
Box c:Employer's name, address, and zip code	PHRIEZ, EYECICKLE, AND GLACIER 21 APPEAL ST KANATA ONTARIO K2K1X-3 . 400-00-4310
Box d:Employee's social security number	400-00-4310
Box e:Employee's first name, initial, and last name	LATEST U PHROZINTOWES
Box f:Employee's address and zip code	1832 NORTH POLE LN Baton Rouge, LA 70802
Box 1:Wages, tips, other compensation	21250
Box 2:Federal income tax withheld	2240
Box 3:Social security wages	21250
Box 4:Social security tax withheld	1318
Box 5:Medicare wages and tips	21250
Box 6:Medicare tax withheld	308
Box 9:Advance EIC Payment	412
Box 10:Dependent Care Benefit	500
Box 12a:	D 1500
Box 13:Retirement plan	X
Box 15:State and State ID number:	LA 3582461001
Box 16:State wages, tips, etc	21250
Box 17:State income tax	880

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Form 1099-R #1

RETIREMENT DATE

Payer's name, street address, city, state, and zip

(05-15-2004)

DEPT OF DEFENSE

P O BOX 82135

WASHINGTON DC 20001

72-5239871

400-00-4310

LATEST U PHROZINTOWES

1832 NORTH POLE LN

Baton Rouge, LA 70802

15000

12840

Payer's federal identification number

Recipient's identification number

Recipient's name

Recipient's street address

Recipient's city, state, and zip

Box 1:Gross Distribution

Box 2a:Taxable amount

Box 2b:Taxable amount not determined

Total distribution

Box 3:Capital gain (included in box 2a)

Box 4:Federal income tax withheld

Box 5:Employee contributions

Box 6:Net unrealized appreciation in securities

Box 7:Distribution code

7 IRA/SEP/SIMPLE

Box 8:Other

Box 9a:Percentage of total distribution

Box 9b:Total employee contributions

Box 10:State tax withheld

Box 11:State/payer's state number

BOX 12:State distribution

0

LA 4796235001

12840

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2006 RESIDENT RETURN

SOCIAL SECURITY NUMBER
NAME
PRESENT ADDRESS
CITY STATE ZIP

400004310
LATEST Y PHROZINTOWES
1832 NORTH POLE LANE
BATON ROUGE LA 70802

FILING STATUS 4
TOTAL EXEMPTIONS 4

7	FEDERAL ADJUSTED GROSS INCOME	SCHEDULE E X	20915
8	LESS FEDERAL INCOME TAX		0
9	YOUR LOUISIANA TAX TABLE INCOME		20915
10	YOUR LOUISIANA INCOME TAX		345
11	FEDERAL CHILD CARE CREDIT		250
11A	OTHER REFUNDABLE TAX CREDIT		75
11B	AMOUNT OF NONREFUNDABLE LOUISIANA CHILD CARE CREDIT		270
11C	2006 NONREFUNDABLE LOUISIANA CHILD CARE CREDIT		0
11D	TOTAL NONREFUNDABLE TAX CREDITS		345
12	ADJUSTED LOUISIANA INCOME TAX		0
13	CONSUMER USE TAX	X	191
14	TOTAL INCOME TAX AND CONSUMER USE TAX		191
15C	AMOUNT OF TAX WITHHELD FOR 2005		880
15D	AMOUNT OF CREDIT CARRIED FORWARD FROM 2005		2550
15F	AMOUNT OF ESTIMATED PAYMENTS FOR 2005		675
15H	TOTAL REFUNDABLE CREDITS AND PAYMENTS		4105
16	OVERPAYMENT		3914
17A	CONTRIBUTION TO MILITARY FAMILY ASSISTANCE FUND		43
17B	AMOUNT TO DONATE TO VARIOUS CHARITIES		265
17C	CONTRIBUTION TO START		85
17D	CREDIT TO 2007 INCOME		227
18	SUBTOTAL		620
19	AMOUNT TO BE REFUNDED		3294

2006 ADJUSTMENTS TO INCOME
SCHEDULE E

1	FEDERAL ADJUSTED GROSS INCOME	33840
3	TOTAL	33840
4	EXEMPT INCOME	
4D1	FEDERAL RETIREMENT BENEFITS	12840
	DATE RETIRED _____	
4I	START SAVINGS PROGRAM CONTRIBUTION	85
4K	TOTAL	12925
4M	EXEMPT INCOME	12925
5A	LOUISIANA ADJUSTED GROSS INCOME BEFORE IRC	20915
5C	LOUISIANA ADJUSTED GROSS INCOME	20915

2006 DONATION SCHEDULE

1	WILDLIFE HABITAT AND NATURAL HERITAGE TRUST FUND	51
2	LOUISIANA CANCER TRUST FUND – PROSTATE CANCER	52
3	LOUISIANA ANIMAL WELFARE COMMISSION	53
4	LOUISIANA HOUSING TRUST FUND	54
5	COMMUNITY BASED PRIMARY HEALTH CARE FUND	55
6	TOTAL DONATIONS	265